

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receipt Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

(if desired) (12 characters maximum)

86022

Box No I TITLE OF INVENTION

PANEL MOUNTING FRAME AND METHOD

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Pacific Solar Pty Ltd
82-86 Bay Street
Botany 2019
New South Wales
Australia

☐ This person is also inventor.

Telephone No

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

AU

State (that is, country) of residence:

AU

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Bragagnolo, Julio
3/78 Benelong Road
Cremorne 2090
New South Wales
Australia

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AR

State (that is, country) of residence:

AU

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

F B RICE & CO
605 Darling Street
BALMAIN NSW 2041
AUSTRALIA

Telephone No

(612) 9810 7133

Facsimile No.

(612) 9810 8200

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Sheet No 2

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Wood, Noel Sydney David
136 Middle Harbour Road
Lindfield 2070
New South Wales
Australia

This person is:

- ☐ applicant only
- ☒ applicant and inventor
- ☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AU

State (that is, country) of residence:

AU

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒

the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐

the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐

the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐

the United States of America only

☐ the States indicated in the Supplemental Box☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Sheet No 3

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- X AP** ARIPO Patent: CH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- X EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- X EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- X OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

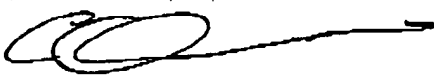
- | | |
|---|---|
| X AE United Arab Emirates | X LR Liberia |
| X AL Albania | X LS Lesotho |
| X AM Armenia | X LT Lithuania |
| X AT Austria | X LU Luxembourg |
| X AU Australia | X LV Latvia |
| X AZ Azerbaijan | X MD Republic of Moldova |
| X BA Bosnia and Herzegovina | X MG Madagascar |
| X BB Barbados | X MK The former Yugoslav Republic of Macedonia |
| X BG Bulgaria | |
| X BR Brazil | X MN Mongolia |
| X BY Belarus | X MW Malawi |
| X CA Canada | X MX Mexico |
| X CH and LI Switzerland and Liechtenstein | X NO Norway |
| X CN China | X NZ New Zealand |
| X CU Cuba | X PL Poland |
| X CZ Czech Republic | X PT Portugal |
| X DE Germany | X RO Romania |
| X DK Denmark | X RU Russian Federation |
| X EE Estonia | X SD Sudan |
| X ES Spain | X SE Sweden |
| X FI Finland | X SG Singapore |
| X GB United Kingdom | X SI Slovenia |
| X GD Grenada | X SK Slovakia |
| X GE Georgia | X SL Sierra Leone |
| X GH Ghana | X TJ Tajikistan |
| X GM Gambia | X TM Turkmenistan |
| X HR Croatia | X TR Turkey |
| X HU Hungary | X TT Trinidad and Tobago |
| X ID Indonesia | X UA Ukraine |
| X IL Israel | X UG Uganda |
| X IN India | X US United States of America |
| X IS Iceland | |
| X JP Japan | X UZ Uzbekistan |
| X KE Kenya | X VN Viet Nam |
| X KG Kyrgyzstan | X YU Yugoslavia |
| X KP Democratic People's Republic of Korea | X ZA South Africa |
| | X ZW Zimbabwe |
| X KR Republic of Korea | |
| X KZ Kazakstan | |
| X LC Saint Lucia | |
| X LK Sri Lanka | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:



Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Sheet No 4

Box No VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 31 August 1998 (31.8.98)	PP5586	AU		
item (2)				
item (3)				
<p>X The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): PP5586</p> <p><small>*Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box</small></p>				
Box No VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA /		Request to use results of earlier search: reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office)		
Box No VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part): 9 claims : 2 abstract : 1 drawings: 9 sequence listing part of description : Total number of sheets: 25		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input checked="" type="checkbox"/> separate signed power of attorney 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract: <u>8</u>		Language of filing of the international application: ENGLISH		
Box No IX SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). <div style="text-align: center;">  CHRIS OWENS for and on behalf of F B Rice & Co </div>				

For receiving Office use only

1. Date of actual receipt of the purported international application: 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2): 5. International Searching Authority (if two or more are competent): ISA/	2. Drawings: <input type="checkbox"/> received <input type="checkbox"/> not received
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:
